

Universal Health Insurance

UNIVERSAL HEALTH INSURANCE has long been considered by many to be a predictable, even inevitable, consequence of what has gone before. Some view it as the final solution to all the problems of health care, others warn of dire consequences. Whether for good or bad, or more likely both, all the signs indicate that it is an idea whose time is about to arrive. Its advocates are powerful, they are increasingly insistent and they are gathering substantial support. Recently they were joined by the Council of the California Medical Association which voted 23 to 2 "to support the concept of universal health care coverage utilizing multiple methods of financing and free choice of mechanism based on adequate standards of coverage."

Actually this is not the radical departure from long standing policy it might first seem. It is nothing new for the medical profession to support the idea that everyone should be able to get the health care he needs and that the health care he gets should be of high quality. Physicians have donated countless hours of their time in serving this premise over the years. It is also nothing new that health care costs something, and that someone must pay for it. Since it is inconceivable to the medical profession or to the American public to permit anyone to suffer or die untended simply because he could not or would not provide himself with adequate health care coverage, and since changing social attitudes and rising costs have made charity or welfare health care not only unacceptable but actually impractical, it is evident that some kind of universal health care coverage has become essential.

The situation actually has more parallels with the recognized need for universal protection in other areas such as workmen's compensation, automobile financial responsibility, disability and unemployment insurance, all of which are now required by law in California. However, there is no necessity to develop universal health in-

surance as a centralized state or national system of health care as has happened elsewhere in the world. Indeed this must not be permitted to occur. Rather it should somehow preserve and strengthen the peculiarly American tradition of pluralism and free enterprise and apply it in the delivery of health care. There is nothing mutually exclusive about making certain that adequate coverage is truly universal and at the same time providing incentives for healthy competition among a pluralism of plans and mechanisms, permitting consumer recipients to choose and to change among different plans and even to share in the formulation of policy to fit their needs and expectations.

This is the concept of universal health insurance which can and should be supported. It is capable of solving the problems which exist today, and it has the potential to tackle the problems of tomorrow with flexibility and imagination. The specifics should be promptly and expertly developed.

An Agreement on Style For References

SO MANY ARE the forms for citing bibliographic references in medical journals that readers, turning from one to another, must often be perplexed and nettled until they get the hang of things in each. Uniformity would save their time and patience. To writers who have had a good article turned down by one publication and wish to offer it to another, uniformity of reference style would rid them of the tedious job of changing the form of citation to fit the peculiarities of each journal. To editors and copy-readers uniformity would be a blessing.

To secure that blessing to ourselves and to our readers and writers, CALIFORNIA MEDICINE, walking in the best of company, has joined with a number of well-edited journals in an Agreement to Uniform Style for Bibliographic Citations, and we will convert to that style with the publication of manuscripts that are accepted from now on.